

2006-005  
2060665

## RETIREMENT SYSTEM FINANCIAL DISCLOSURE REPORT

Form number LSA-R-8701-11-2, such portion which has been or will be used to file this report, is subject to revision by the Commission. Any changes in the form shall be filed with the Board of Governors within 30 days of the date of issuance of the revised form. The revised form shall be filed with the Board of Governors within 30 days of the date of issuance of the revised form.

Comments or questions concerning this form should be addressed to the Board of Governors, 1415 G Street, N.W., Washington, D.C. 20004.

OR

Fax: (202) 761-0987 or (202) 761-6702

## REPORT COVERING:

- G JANUARY 1 through JUNE 30,  - DUE BY AUGUST 15
- G JANUARY 1 through DECEMBER 31,  - DUE BY FEBRUARY 15

FOR OFFICE USE ONLY  
Postmark Date: 7/16/06

1. Name: MCFIward Bry D  
Last First MI

2. Business Address: 10848 Airline Highway Baton Rouge LA 70816  
Street and No. City State Zip

Mailing Address: Same

3. Business Phone: 225-291-9090  
Area Code and Telephone Number

4. Employer: Consolidated Graphics

5. Employer's address: 10848 Airline Highway Baton Rouge LA 70816  
Street and No. City State Zip

6. Did you make an expenditure exceeding \$300 on one occasion for retirement system official?

From January 1 through June 30?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	NA <input type="checkbox"/>
From July 1 through December 31?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>

If the answer to either question in Number 6 above is YES, complete Schedule A and attach.

7. Did you make expenditures exceeding the sum of \$250 for a retirement system official?

From January 1 through June 30?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	NA <input type="checkbox"/>
From July 1 through December 31?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>

If the answer to either question in Number 7 above is YES, complete Schedule A and attach.

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4. PROVIDE BELOW (a) the name of the state or statewide public retirement system; (b) the aggregate total of all expenditures attributable to the retirement system made during the January 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the retirement system made during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditures made in a calendar year attributable to the retirement system.

- 1) a. Name of Retirement System: Louisiana State Employees Retirement System LASERS  
b. Total of all expenditures made January 1 through June 30: \$ 0  
c. Total of all expenditures made July 1 through December 31: \$ \_\_\_\_\_  
(When applicable)  
d. Total of all expenditures made during the calendar year: \$ 0
- 2) a. Name of Retirement System: \_\_\_\_\_  
b. Total of all expenditures made January 1 through June 30: \$ \_\_\_\_\_  
c. Total of all expenditures made July 1 through December 31: \$ \_\_\_\_\_  
(When applicable)  
d. Total of all expenditures made during the calendar year: \$ \_\_\_\_\_
- 3) a. Name of Retirement System: \_\_\_\_\_  
b. Total of all expenditures made January 1 through June 30: \$ \_\_\_\_\_  
c. Total of all expenditures made July 1 through December 31: \$ \_\_\_\_\_  
(When applicable)  
d. Total of all expenditures made during the calendar year: \$ \_\_\_\_\_

**CERTIFICATION OF ACCURACY**

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; that all reportable expenditures have been included herein; and that no information required by LSA-R.S. 42:111(4.2 has been deliberately omitted.

R. Douglas McElwain  
Signature of Filer